

## **WESTERN NEW YORK STRESS REDUCTION PROGRAM TRAINING ANNOUNCEMENT**

The Western New York Stress Reduction Program, the MMRS Mental Health Subcommittee, the Specialized Medical Assistance Response Team, and the Erie County Department of Mental Health are pleased to announce the following 2-day course:

### **SUICIDE PREVENTION, INTERVENTION, & POSTVENTION**

**Dates:** Friday June 1<sup>st</sup>, 2012 & Saturday June 2<sup>nd</sup>, 2012  
**Time:** 8:30am-4:30pm both days  
**Location:** Erie County Fire Training Academy  
3359 Broadway  
Cheektowaga, New York 14227

This is an International Critical Incident Stress Foundation (ICISF) developed curriculum. Advantages of attending are:

- Participants will learn how identify persons at risk for suicide and learn effective intervention skills
- Participants will receive a certificate of completion from the ICISF
- Participants will receive continuing education credits from the University of Maryland at Baltimore
- This course is an elective for persons pursuing the ICISF Certificate of Advanced Training

#### **LEARNING OBJECTIVES**

- Identify the physical, emotional, and verbal warning signs for suicide as well as know how to ask “the question”
- Identify the do’s and do not’s of successful suicide intervention
- Identify the probable feelings and reactions of suicide survivors
- Identify useful helping strategies when working with suicide survivors
- Identify appropriate interventions to apply when responding to a suicide

**Presenter:** Bonita S. Frazer, MS, CTS, FAAETS is the Mental Health Emergency Planning Coordinator. She has experience offering training and providing crisis intervention, psychological first aid, and critical incident stress management services at both a local and national level. She is also a volunteer with the American Red Cross, the Western New York Stress Reduction Program, the Specialized Medical Assistance Response Team, and the Canine Therapy Teams of Western New York. Bonita is a Board Member of the Association of Traumatic Stress Specialists and serves as Vice President of the CISM Network of New York State.

**Please do not register if you cannot commit to attending both days in their entirety. Registration is limited to 30 persons. Only persons who are registered by 8:30am and stay until 4:30pm both days will receive credit for the course and a certificate of completion.**

**Lunch will be provided both days.**

Questions about registration can be directed to Cheryl Kennedy at 716-864-8101 or via email at [clkennedy72@yahoo.com](mailto:clkennedy72@yahoo.com)

Questions about the curriculum can be directed to Bonita Frazer at 716-218-2398 or via email at [bonitafrazer@yahoo.com](mailto:bonitafrazer@yahoo.com)

## REGISTRATION FORM

### SUICIDE PREVENTION, INTERVENTION, & POSTVENTION

Friday June 1<sup>st</sup>, 2012 & Saturday June 2<sup>nd</sup>, 2012

Persons who are interested in attending the training must complete the registration form and send the appropriate payment. Please complete a new registration form for each registrant. Registrations will be handled on a first come, first serve basis. All registrants will be notified whether or not they have been accepted into the class. **REGISTRATION CLOSES ON FRIDAY MAY 25<sup>th</sup>, 2012 at 4:30PM.**

Two-Day Course Fee Schedule: \$50

**PAYMENT MUST BE RECEIVED BY THE MAY 25<sup>th</sup> DEADLINE** and can be made by personal check, business check, money order or purchase order payable to Western New York Stress Reduction Program Inc.

Please LEGIBLY PRINT your name **EXACTLY** as you would like it to appear on your certificate of completion, and complete all sections listed below.

Full Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ICISF Member: YES NO

WNYSRP Member: YES NO

Police Helpline Peer: YES NO

Discipline(s):	_____ Police	_____ Clergy / Chaplaincy
	_____ Fire	_____ Military
	_____ EMT / Paramedic	_____ Mental Health
	_____ Dispatch	_____ Employee Assistance Program
	_____ Corrections	_____ Elementary / Middle / High School
	_____ Medical / Hospital	_____ College / University
	_____ HazMat	_____ Other - Please Specify
	_____ Public Health	

Please submit the completed form to Cheryl Kennedy via mail, email, or fax:

Address: 7118 Michael Road, Orchard Park, New York 14127

Phone: 716-864-8101

Fax: 716-859-7066

Email: [clkennedy72@yahoo.com](mailto:clkennedy72@yahoo.com)

**PLEASE NOTE:** If you submit your registration via mail, please email Cheryl Kennedy at [clkennedy72@yahoo.com](mailto:clkennedy72@yahoo.com) to inform her your registration(s) will be forthcoming.

**Should you need to cancel, please notify Cheryl Kennedy as soon as possible so that we may fill your seat with another registrant.**